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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

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No. 6

The California Delegates to the American Medical Association Meeting at Atlantic City, N. J., June 9-13, 1919, are as follows:—

C. Van Zwalenburg, Riverside, (2) 1920
Victor G. Vecki, San Francisco, (2) 1920
A. B. Spalding, San Francisco, (2) 1921

The alternates are as follows:—

Wm. P. Lucas, San Francisco, (2) 1920
Jerome B. Thomas, Palo Alto, (2) 1920
T. C. Little, San Diego, (2) 1921

CORRECTION OF ABUSES UNDER THE WORKMEN'S COMPENSATION ACT.

That the physicians of the State have been exploited by many of the companies operating under the Workmen's Compensation Act there can be no doubt. We have plenty of evidence on file in our office. The demanding of rebates upon what is known as the Fee-Schedule is the commonest method employed. This schedule has never been adopted by the Society. Therefore there is no machinery for keeping the carriers and the physicians to their contracts—because there is no contract.

With the increase in price of all commodities there has been, of course, a corresponding increase in the cost of doing compensation insurance business; an increase in all the items save one—medical fees. The carrier has now to pay more for his stenographers, his stationery, his clerks, his hospital care. The physician alone is not paid to meet his increased expenditures. The Fee Schedule was supposedly based (at the time it was devised) upon the average earnings of labor. These earnings have increased enormously in the past few years, and as insurance premiums are based upon pay-roll figures, the income of the carrier has advanced to meet the increase in charges incident to doing business. Assuming that a fixed proportion of all premiums collected is

allotted to medical service, it is easy to see that more money—more dollars—is in that allotment when premiums are higher—and they are now much higher than when the Fee-Schedule was devised. In short the Fee-Schedule should be raised. The profession should now receive more money for the same service rendered to a man in a given employment than he did three years ago. There is no reason on earth why the carriers should be allowed to charge the increase in the ability of labor to pay to profit.

The Committee on Industrial Accident Insurance rendered a report at the Santa Barbara meeting (see page 191), in which it has carefully considered this and several other matters of interest to every physician practising in California. The report is now in the hands of a Committee of the Council, who will confer with the Committee on Industrial Accident Insurance and attempt to take steps to meet the exigencies of the occasion.

Read the report, think it over and send any constructive ideas you may have to the Committee or to the JOURNAL office.

FOR DOCTORS IN SMALLER TOWNS.

At the Santa Barbara meeting, a live topic of conversation grew out of the editorials of the last few months advocating the development of the rural and small town hospital. The opinion was freely expressed that in these lay the future hold of the doctor on his own advancement and on fulfillment of his public obligations to society. We must face the fact, whether we recognize it or not, that the doctor has a public obligation and that if he does not meet it, his place will inevitably be filled by someone who does meet it. In smaller towns and in rural communities, the doctor has a particularly hard job in keeping himself in condition to provide for his patients the very best that

modern medical science can offer. He needs here as much as in the large cities, knowledge of modern business methods which will establish him on a sound economic basis. He needs carefully to avoid medical and social ruts. They are easily gotten into, and from them extraction is most difficult.

In every town less in size than a city, there ought to be no inherent difficulty in the doctors getting together on a common professional basis for a common medical center which would usually mean a hospital. Such a hospital should be developed in the light of the principles discussed last month in this JOURNAL under "Hospital Improvement and Standardization." With or without a hospital, the doctors of the small town can establish a common meeting place, a medical club, if you please, where society meetings may be held, and social affairs may be enjoyed. This common center can be provided with a stereopticon, books, journals, and possibly specimens. By pooling the time and money and interests of all the doctors of the locality, various definite things can be accomplished. The chief medical journals can be subscribed to from the group, or each man can take a different one and file them all carefully at the library. The affair can be conducted as a joint stock company or, better, as a district or branch medical society, an integral unit in the corresponding county medical society. Such a town organization should include every reputable doctor in the town. To a varying degree, it will usually be found that business interests can be developed and bettered by such an arrangement. Different doctors can easily develop along special lines that appeal to them. Consultation and group diagnosis can be made easier. Over-lapping of work can be eliminated. Even a more economical office administration can easily be developed in many cases. Each doctor can arrange for more time off for study and recreation and travel, if he knows his affairs will be equitably cared for in his absence. In the average small town, where specialization is not too narrow, each doctor in turn can enjoy a real vacation without business loss, and with real business advantage.

The advantages of such a club or association or headquarters become more apparent the more the idea is considered. Out of such a club or local society may well develop the local hospital, which will have a solid nucleus from which to grow. Even in the beginnings, a small hospital should recognize that profits should be turned to better service. One important way to do this is for the surgical operating rooms and laboratory to have an established percentage of the income of the institution, which should be devoted to the upkeep and improvement of these departments. Doctors should recognize the advantages of pro rata investment in surgical, laboratory, library and other hospital equipment. All of this can grow naturally and safely out of a properly organized medical profession in the small town.

If you have any suggestions, or if you have had an experience in your town which offers encouragement or which presents a problem, send it in. In counsel is help. We need to develop the rural

and small town hospital. Read over what has been written in this and the two preceding JOURNALS on this topic and apply it to your own town. You may see something in a new light. Start something. Every village can have some such society as here suggested if it has as many as two doctors within hailing distance of each other.

PHYSICIAN HEADS SOCIAL AGENCIES.

The election of President Ray Lyman Wilbur, of Stanford University, as President of The California State Conference of Social Agencies at their Eleventh Annual Meeting at San Jose, on April 25, 1919, is an event of more than passing interest.

President Wilbur, after an eminently successful career as a practitioner of medicine, has identified himself with the progress of medical education of the Pacific Coast by organizing the Stanford University Medical School and by conducting its destinies as Dean until he was elected as President of Stanford University. He is one of the very few university heads on this continent drawn from the ranks of the medical profession.

During his professional career, and more especially as dean of the medical school, President Wilbur has had dealings at first hand with those important and serious sociological problems which are connected with sickness and disease. These problems have always been of particular interest to him and he has done much to meet them at the medical school by the establishment of the Social Service Department in the medical clinics and at the hospital. His watchword has been from the beginning, service to the needy patients and efficient assistance to those who need support until they are thoroughly rehabilitated. Dr. Wilbur has shown his continued interest in this organization which was started by him with so much success by remaining on the board of directors of the Stanford Clinics Auxiliary and the San Francisco Maternity, which is a charitable organization in charge of the social work in the clinics and at the hospital.

Dr. Wilbur, therefore, brings to his new duties a wide practical experience and a splendid record of past accomplishments, and the conference is to be congratulated on its selection. His election as President will serve to bind closer, as it also typifies, the intimate relationship between the physician and social welfare work of all sorts.

THE PSEUDO-MEDICAL PARASITE.

He styles himself doctor, and his habitat is San Francisco or Los Angeles or some smaller town. He is a type of a genus, or of a species, or even of a family which infests all cities and many towns. He preaches to the gullible and drops into their open mouths, succulent and juicy bits of anatomy, physiology and pathology through the medium of the newspaper and by virtue of his own private printing press.

Since Barnum's characterization of humanity, he finds it pays to advertise. And this he does with an hermaphroditic jargon of science and nonsense, well calculated to deceive the innocent and prey on the simpleminded. As all roads led to the eternal seven hills, so do all physiological